Electromedical Notes and Abstracts

GENERAL ELECTRIC X-RAY CORPORATION

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CERVICAL INFECTIONS AND TREATMENT BY ELECTROCOAGULATION

Inglis F. Frost, M.D., F.A.C.S., Morristown, N.J. In Am.J.Surg., XXXIV: 2:221, November, 1936.

The actual cautery has not given altogether satisfactory results. Its action depends on heat, and frequently causes a carbonization and burning of the tissues with resultant scar formation. It is also not without danger because of the possibility of latent hemorrhage.

In the past few years, electrocoagulation has won for itself a deserved place in the treatment of cervical disease. It not only restores a badly diseased cervix to as nearly a normal condition as is possible, but does so without scar formation. Electrocoagulation does not carbonize but its immediate thermal effect is a penetration of the tissues with resultant thrombosis of the vessels and necrosis of the proliferating cells. It also dehydrates the tissues and by the heat generated, causes a sterilization which extends much further than the visible coagulated area.

To ascertain the type of healing, following coagulation, several cases were treated prior to vaginal hysterectomy. These specimens were examined pathologically and in no case was it possible to detect scar formation in the stroma underlying the new stratified squamous epithelia.

Not only is electrocoagulation valuable in restoring a diseased cervix, but as an adjunct to pelvic surgery it has an important place.

Coagulation is contraindicated in the presence of any pelvic infection but may, in selected cases, be used in prenatal work up to the third month.

It is a decided help, prior to coagulating, to use Lugal's solution swabbed over the surface of the cervix, inasmuch as it marks the contrast between the diseased and the normal tissue.

It is important that coagulation should be performed during the intermenstrual period, that is, after the first week following the period and never later than five days prior to the next.

The presence of mucus in the canal often makes it difficult to obtain a satisfactory coagulum. This may be overcome by swabbing the cervix with caroid powder or by using sodium perborate.

Following the treatment, the patient should be warned that there will be a profuse watery discharge. An alkaline douche will do much to make the patient more comfortable while this lasts.

In coagulation, it is a better practice to begin with the canal and treat the endocervicitis first, otherwise there is danger of obstructing the cervical opening. There is also a further advantage, in that the surface will be smaller in size and much of the edema and hypertrophy will be reduced.

There are few cases of endocervicitis or eroded cervices which will not respond to treatment by means of electrocoagulation and it has proved itself a valuable asset in the surgeon's armamentarium.